IAP6 Rec'd PCT/PTO 09 APR 2007

Under the Paperwork Reduc	ction Act of 19	95. no person are re	auired to re		and Tradem	ved for use through 0 ark Office; U.S. DEP ion unless it displays	ARTMENT	OF COMMERCE	
<i>)</i>				·		plete if Knowi			
Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).				Application Number 10/537,155-Co					
FEE TRANSMITTAL				Filing Date		May 31, 2005			
				First Named Inventor		Sung Hwa LEE			
For FY 2007				Examiner Name		Not Yet Assigned			
Applicant claims small entity status. See 37 CFR 1.27				Art Unit		3749			
TOTAL AMOUNT OF PAY	INT OF PAYMENT (\$) 400.00			Attomey Docket I	0465-1352PUS	65-1352PUS1			
METHOD OF PAYMEN	T (check al	that apply)							
Check Credit C	ard	Money Order	None	Other (	please iden	tify):			
x Deposit Account Depo	sit Account Nur	, mber: <u>02-2448</u> c	 Deposit Acco	unt Name:	Birch, Ste	ewart, Kolasch	& Birch,	LLP	
For the above-ident    X   Charge fee(s)   X   Charge any are fee(s) under the control of the co	indicated b	elow e(s) or underpay		Ĺ.	e fee(s) ind	dicated below, ex	cept for	the filing fee	
FEE CALCULATION								,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
1. BASIC FILING, SEARCH	•	MINATION FEING FEES Small Entity		RCH FEES Small Entity	EXAMI	NATION FEES Small Entity			
Application Type	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fees Paid (\$)		
Utility	300	150	500	250	200	100			
Design	200	100	100	50	130	65			
Plant	200	100	300	150	160	80			
Reissue	300	150	500	250	600	300			
Provisional	200	100	0	0	0	0			
2. EXCESS CLAIM FEES Fee Description							Fee (\$)	Small Entity Fee (\$)	
Each claim over 20 (includ	ing Reissue	s)					50	25	
Each independent claim over	•	•					200	100	

Lacii Ciaiiii Ovci 20	(including icessu	103)			50	23
Each independent of	claim over 3 (inclu	ding Reissues)			200	100
Multiple dependen	t claims				360	180
Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple De	ependent Claims	
25 - 21	=x	50.00 =	200.00	Fee (\$)	Fee Paid (\$)	
HP = highest number	of total claims paid for,	if greater than 20.				
Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)			
43:	_ x	200.00 =	200.00			
HP = highest number	of independent claims ;	paid for, if greater th	an 3.			
3. APPLICATION S	SIZE FEE					
listings under	37 CFR 1.52(e)), tl	he application s	of paper (excluding electrize fee due is \$250 (\$125 : )(G) and 37 CFR 1.16(s).			
Total Sheets	Extra Sheets	Numbe	r of each additional 50 or fra	ction thereof Fee	<u>(\$)</u> <u>Fee Pa</u>	id (\$)

\_\_\_\_ /50 \_\_\_\_\_ (round up to a whole number) x Fees Paid (\$) 4. OTHER FEE(S) Non-English Specification, \$130 fee (no small entity discount) Other (e.g., late filing surcharge):

Signature	sh u	Z .	le	Registration No. (Attorney/Agent)	39,538	Telephone	(703) 205-8000
Name (Print/Type)	es T. Eller, J	r.				Date	April 9, 2007

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200.00 DA 200.00 DA 01 FC:1615 02 FC:1614